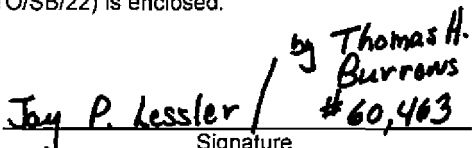


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 05432/100M919-US5	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> In re Application of Connie Sanchez et al. </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="width: 60%;"> Application Number 10/644,576-Conf. #5194 </div> <div style="width: 35%;"> Filed August 20, 2003 </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> For THE USE OF ENANTIOMERIC PURE ESCITALOPRAM </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Art Unit 1617 </div> <div style="width: 35%;"> Examiner Yong S. Chong </div> </div>			
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>04-0100</u>.</p> <p><input checked="" type="checkbox"/> A petition for a 3-month extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>41,151</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> </div> <div style="width: 45%; text-align: center;"> <div style="margin-bottom: 10px;">  Signature </div> <div style="margin-bottom: 10px;"> Jay P. Lessler Typed or printed name </div> <div style="margin-bottom: 10px;"> (212) 527-7765 Telephone number </div> <div> September 28, 2007 Date </div> </div> </div>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			